



Missouri Pharmacy Program – Preferred Drug List



Antiemetics Agents

Effective 07/05/2007

Revised 04/02/2015

Preferred Agents

- Ondansetron Solution
- Ondansetron ODT
- Ondansetron Tablets

Non-Preferred Agents

(Available with Clinical Edits)

- Lotronex®
- Kytril Tablets/Solution
- Granisetron Oral
- Anzemet Tablets
- Zofran® Soln/ODT/Tabs
- Emend® Oral
- Sancuso®
- Zuplenz®
- Metozolov ODT®
- Casamet®
- Granisol®

<u>Approval Criteria</u>	<u>Denial Criteria</u>
<ul style="list-style-type: none">• Documented compliance on current therapy regimen<ul style="list-style-type: none">○ IBS with severe diarrhea as primary bowel symptom○ Female	Lack of adequate trial on required preferred agents
<ul style="list-style-type: none">• Emend therapy<ul style="list-style-type: none">○ Maximum quantity 3 doses per chemotherapy course○ Maximum quantity 1 dose within 3 hours prior to induction of anesthesia	Therapy will be denied if no approval criteria are met
Failure to achieve desired therapeutic outcomes with trial on 1 or more preferred agents	
Documented trial period for preferred agents	
Documented ADE/ADR to preferred agents	
Documented compliance on current therapy regimen	Drug Prior Authorization Hotline: (800) 392-8030